

REMARKS

Claims 11-18 are similar to claims 1 to 8 which were rejected in the parent application under 35 USC 112 for lack of enablement and under 35 USC 103 as obvious over Reska et al (US 6,416,964). Applicants respectfully submit that the new claims are in condition for allowance.

The new claims do not recite prevention, but are limited to the treatment of angiogenesis. Thus, it is respectfully submitted that the claims are enabled by the specification.

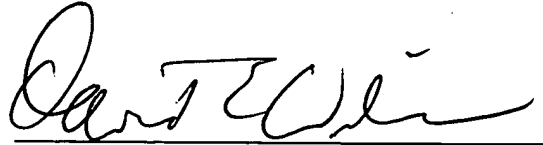
Reska et al indicates that bisphosphonates as a class activate the kinases Mst-1, Mst-2, a 34kDa kinase, a 50kDa kinase and a 130 kDa kinase. Based on this profile, the reference concludes that the bisphosphonates will have activity against angiogenesis. However, the reference fails to even suggest that the bisphosphonate should be administered intra-arterially in order to treat angiogenesis. Thus, the disclosure of Reska cannot properly be said to anticipate the presently claimed invention.

Moreover, nothing in the reference suggests that the bisphosphonate compound should be administered by any technique other than its usual route of administration. According to an electronic search of the Orange Book, alendronate sodium, etidronate disodium, tiludronate disodium, risedronate sodium, pamidronate disodium and zoledronic acid are bisphosphonate products that are approved in the United States. The first four are administered orally, and the last two are administered by an intravenous infusion. As far as Applicants are aware, intra-arterial administration is not an approved administration route for any bisphosphonate. Therefore, Applicants further assert that the Reska et al reference, in view of what is known about the administration of bisphosphonates generally, also fails to provide any hint that the treatment of angiogenesis with bisphosphonates should be done via intra-arterial administration.

The Examiner has asserted that because parenteral administration of bisphosphonates is known, the selection of the parenteral intraarterial route of administration is obvious. However, nothing in the cited reference even suggests that bisphosphonates should be administered intra-arterially or that such intra-arterial administration could result in the embolic treatment of angiogenesis. The lack of such disclosure in the reference renders the present invention unobvious over the reference, especially in view of what is known about the administration of bisphosphonates generally. Some motivation, whether explicit or implicit, to select the intraarterial route is necessary in order for the claims to be properly held to be obvious. Applicants respectfully request

the Examiner to set out specific findings of fact that would point one of ordinary skill in the art in the direction of intraarterial administration, despite the lack of utilization by those of ordinary skill of the intraarterial route. In the absence of the findings, it is respectfully submitted that there are no grounds to reject the present claims over Rezska, and the claims should be passed to issue.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "David E. Wildman", written over a horizontal line.

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